

MEMORANDUM

TO: All Comprehensive and Extended Care Facilities
FROM: Wendy Kronmiller, Director
SUBJECT: Bed Side Rails
DATE: March 25, 2008

I am enclosing this memorandum to clarify the circumstances under federal and state regulation under which bed side rails may or may not be used. (See COMAR 10.07.02.09(c) and 42 CFR 483.13(a))

Bed side rails are not per se prohibited, however, bed side rails may be considered restraints, depending on the purposes for which they are used, and the affect they have on the resident. Bed side rails are restraints when they are used to prevent a resident from getting out of bed. When used as restraints, bed side rails must undergo the same scrutiny that is applied to any other physical restraint and may not be used for purposes of discipline or staff convenience, or if they are not required to treat a medical symptom. Of course, if a person is incapable of getting out of bed or unlikely to attempt to leave the bed it is unlikely that a bed side rail will be considered a restraint.

Before a bed side rail that would constitute a restraint is considered for use with a resident, a thorough assessment of the resident and appropriate care planning for the resident must be carried out and documented. Assessment and care planning must include an evaluation of alternatives to the use of bed side rails. If alternatives have been considered and rejected, and bed side rails are determined to be the least restrictive option, care planning must include a plan to reduce or eliminate the need for bed side rails when feasible. A physician must sign the order for the restraint.

In order for a competent resident to make an informed choice about the use of bed side rails, the facility must thoroughly explain to the resident the risks associated with their use. Risks include the fact that bed side rail usage potentially increases the risk of more significant injury from a fall. Bed side rails also increase the likelihood that the resident will spend more time in bed which may, in turn, result in a decline in the resident's functional abilities.

The use of bed side rails, like all other clinical interventions, exposes residents to potential benefits and risks. It is the facility's burden to first determine that such an intervention is an appropriate approach to meet the resident's needs. Once that is established, a resident with capacity, or an appropriate health care decision maker for a resident without capacity, has the right to consent to or refuse such an intervention. [The use of bed side rails solely at the insistence of a resident and/or family member without another adequate reason for use would be inappropriate and likely result in the facility being cited with a deficiency.]

In hope this has clarified the position of our Office concerning this matter. If you have any questions please contact our Chief Nurse, William Vaughan at 410-402-8140.